

brother contacted the consulate in Guatemala and got my birth certificate. It proved that I was only 17 years old. Once my birth certificate came in I was put in a cell by my self for two days before being transferred to Chicago.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

05/27/2014

Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

Signature

05/27/2014

Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a twelve year old boy, reports feeling very unsafe in CBP custody. He was only fed cold burritos once a day. Although detained with his older brother, (b)(6) fourteen, the boys describe being anxious because they were detained with much larger and older boys, almost all of who were close to eighteen years of age. (b)(6) and (b)(6) were afraid of the CBP officers, who yelled at them and bullied them because they could not speak English. Both boys were unable to sleep because CBP officials left the lights on at all times and took roll at frequent intervals throughout the night. The only blankets that they were given were dirty, covered in dust and in the hair of prior detainees. The boys did not have soap available to wash their hands after using the restroom located in plain view of all others detainees and officials.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 4/24/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

4/24/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a twelve year old boy, reports feeling very unsafe in CBP custody. He was only fed cold burritos once a day. Although detained with his older brother, (b)(6) fourteen, the boys describe being anxious because they were detained with much larger and older boys, almost all of who were close to eighteen years of age. (b)(6) and (b)(6) were afraid of the CBP officers, who yelled at them and bullied them because they could not speak English. Both boys were unable to sleep because CBP officials left the lights on at all times and took roll at frequent intervals throughout the night. The only blankets that they were given were dirty, covered in dust and in the hair of prior detainees. The boys did not have soap available to wash their hands after using the restroom located in plain view of all others detainees and officials.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 4/17/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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(b)(6)
Signature

4/17/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

A gang forced (b)(6) two younger brothers, ages nine and thirteen, to work against their will. (b)(6) confronted the gang to protect her brothers. A gang member pulled a gun to her head and threatened to kill her and the rest of her family. The gang forced her whole family to pay "renta" in exchange for their lives, but the threats continued so (b)(6) fled to the US. In CBP detention, (b)(6) was not given clean water or decent food. She was only given food every twelve hours. She did not want to use the bathroom because it was in plain view of all other detainees. She was also shackled although she posed no flight risk.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/2/2014

Name: (b)(6)
DOB: (b)(6)

A# (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

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(b)(6)
Signature

5/2/2014
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was in CBP custody for 8 days in more than one freezing detention center. There was water in the room but he was not sure if it was clean. He was not fed frequently and did not like the food. The lights were kept on during the night and there was a lot of noise, so he could not sleep.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/12/14

Name:

DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

Signature

Date

(b)(6)

5/12/14

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a twelve year old boy, was detained for eleven days in two different *hieleras* and was only allotted liquids with the meals he received once every twelve hours. (b)(6) was held in a cold *hielera*, the lights were left on at all hours and he was unable to sleep because officials would bang a baton against the cell to wake the detained children whenever they fell asleep.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/17/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

5/19/14
Date

RECEIVED

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was in CBP custody for eleven days. He was only given liquids with meals, which were set apart by twelve hours. (b)(6) was in a cold *hielera*, the lights were left on at all hours and he was unable to sleep because officials would bang a baton against the cell to wake them up when they fell asleep.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

19 2014
Date

ENTERED



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640
Facility name Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) see above

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide *your* information.

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.

See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place (for example, name the detention facility, airport, other):

City: Harlingen

State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of (check as many as apply):

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Customs Officer | specify: _____ |
| <input checked="" type="checkbox"/> Border Patrol Agent | |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program (specify) : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): (b)(6),(b)(7)(C) Border Patrol Agent

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): Rolando Olivares, Juan Gamez's supervisor

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ **Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?**

☐ **Yes:** Agency/Office/Court _____ Date: _____

☒ **No**

If so, has anyone responded to your complaint?

☐ **Yes** ☐ **No**

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ **Is there any other information you want us to know about or consider?**

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

My full and complete name is

My assigned Alien number is

I was detained by Border Patrol Agents at or near: Hidalgo, TX

I was detained by Border Patrol Agents on or about: May 1, 2014

My age at the time I was detained: 16 FINS #:

Event #: (b)(6)

Border Patrol Agent: (b)(6), (b)(7)(C)

Supervisor: (b)(6), (b)(7)(C)

Location of Border Patrol Agent: Harlingen, TX

I, (b)(6), declare and affirm that the following took place:

Immigration found me after crossing the river. They grabbed me because I did not run. They did not handcuff me. They put me in a car and took me to a "bieleria." They yelled meanly at us. They yelled "What are we doing here." I think they meant here in the U.S.A. They said we were poor and told us why we were here now, "you will be poor here too" they yelled. "Why don't you return to your country" they yelled. They insulted us too, in Spanish. We were close to the Mexico border so they used the words "los chobones" that is what they called us. Those are bad words. It was all of us they were yelling at. We were all minors except for one lady. We were in one bieleria for eight days. It was like a jail and we had to sleep on the floor. We just had the clothes we had brought on our backs. They did not want to give us blankets so it was very cold. We ate food once a day. Bread with raw mozzarella. The next bieleria we were only in for one day before being brought to the shelter. In the bieleria they treated us badly. They would wake us up for nothing. I saw officers hitting girls. I saw it! I boy had asthma. And his sister asked for an inhaler. But they did not get it. And he started having seizures, like convulsions. He could not breathe. Then she started screaming. They gave


him a "Presio" [soda] but they did not take him to the doctor. Sometimes they would laugh at people's names. One officer told me that I was not a minor and did not want to put me with the minors.

Even though I did not say anything or try to run away they shackled me. I had chains around my waist and handcuffed on my hands and feet. They were tight around my hands but I did not tell them. I did not try to fight or run either. They did this to the majority of the kids. I felt bad being like this. Never in my life had I been shackled. I felt like an animal. They had me like that all they way from second floor to the phone. It felt like a long time.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

X 
Signature

5/14/14
Date

I, , hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.


Signature

5/14/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a fifteen year old boy, was handcuffed and screamed at by CBP officials. He was held in three different "hieleras." One of his friends was held for 8 days. (b)(6) was given extremely cold water that tasted of chlorine. The food was very cold and gave him a stomachache, so he did not eat during the two days he was detained. The holding cell was extremely cold and (b)(6) had to sleep on the floor. There was a lot of noise and the lights were kept on all night, so he could not sleep. (b)(6) was not comfortable using the restroom because it was open to everyone's view. He was not given a toothbrush and toothpaste; in fact, immigration officials took away his toothbrush and did not return his personal belongings.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5-15-2014.

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

5-15-2014.
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a fourteen year old girl, was in CBP custody for a total of six days in three different detention facilities. She was not given any medical treatment for her cold. She was forced to sleep in a very cold cell, and had difficulty sleeping due to a considerable amount of loud noise and lights that were left on all throughout the night. She was not given any personal hygiene items. (b)(6) was mistreated by a number of CBP officials.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/15/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

5/15/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a fifteen year old girl, was detained for nine days in two different detention centers. She was given water with chlorine and burritos that made her ill. She did not receive any medical treatment. She was forced to sleep in a very cold cell, and had trouble sleeping due to lights that were never turned off. She was not allowed to use a restroom, nor was she given any personal hygiene items.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 05/22/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE

(b)(6)
Signature

22/05/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was in CBP custody for a total of six days in two different detention centers. (b)(6) was only given instant soup three times a day. This made him ill, but he was not given any medical attention. He specifically asked for medicine to stop his dizziness and nausea, but the immigration officials refused to help him. (b)(6) was forced to sleep on the floor a very cold cell. He had trouble sleeping because of the coldness, lights that were never turned off, and the considerable amount of noise in the detention center.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 05/22/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND UNDERSTAND AND AGREE WITH ITS EN

(b)(6)

05/22/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6)
First Last

Program Director
Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

When fifteen year old (b)(6) was detained, CBP officers placed a gallon of water outside the holding cell with cups, but never gave the detained minors any water. The burrito that was given to her had moldy beans, so she did not eat. (b)(6) was held in two freezing "hieleras." She asked for a blanket but was not given one, so she took a blanket from someone else. The lights were on 24 hours a day so she couldn't sleep.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
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of Los Angeles, Inc.



WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 3/3/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

3/3/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was not given any liquids drink during the first day and a half of his detention with CBP. When he was finally provided with food, he was given uncooked instant soup, which made him ill. (b)(6) was forced to sleep in a very cold cell. He put his hands in his pockets in an effort to warm himself, but the officials would yell at him for doing so. He had trouble sleeping because the lights in the facility were never turned off, and because there was a considerable amount of loud noise. CBP officials mistreated (b)(6) by yelling at him and prohibiting him from using a telephone to contact his parents or consulate.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
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of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5-15-14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

5-15-14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) came to the United States fleeing horrific abuse at the hands of his own family. His father would beat him with wooden sticks such that it caused bruises that lasted for days, and often caused him to bleed on his back where he received lashes from his father's belt. His mother would beat him with rulers. His parents did not allow him to attend school past the fifth grade and forced him to work. (b)(6) fled his home country of Guatemala without telling anyone to escape this abuse and the recruitment of gang members. The gang members knew his parents would not protect him, so they focused on him for forced recruitment. In immigration detention, (b)(6) was unable to sleep due to the taking of roll every two hours, the freezing temperature of the hielera, and the bright lights that were never turned off. [REDACTED] was yelled at, placed in shackles and pushed and shoved excessively upon apprehension.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/2/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

5/2/2014
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a fourteen year old girl, was held in CBP custody for almost a week. She was only given juice to drink during her time in detention. Her holding room was very cold and the lights were never turned off or dimmed for sleeping. She was not given access to any basic toiletries or hygiene items during her time in detention.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/14

Name: (b)(6)
DOB: (b)(6)

A# (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

5/19/14
Date

ENTERED

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was in CBP custody for nine days. He was held in three different detention centers. (b)(6) was given water and food, but the food made him ill. He was not given any medical treatment. He was forced to sleep in a very cold cell, and had trouble sleeping due to lights that were never turned off and the loud noises throughout the center. He was not allowed to use the restroom, nor was he given any personal hygiene items. The immigration officials also failed to return (b)(6) personal belongings. Overall, the immigration officials mistreated (b)(6) by yelling at him and refusing to let him use the phone to communicate with his parents and/or consulate.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/22/14

(b)(6)

Name:

DOB:

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Date

5/22/2014



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

- ☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640
Facility name Facility address

- ☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) see above

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide *your* information.

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.

See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place *(for example, name the detention facility, airport, other)*: _____

City: McAllen State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of *(check as many as apply)*:

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority |
| <input type="checkbox"/> Customs Officer | of DHS (e.g., 287g officer) |
| <input checked="" type="checkbox"/> Border Patrol Agent | specify: _____ |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program <i>(specify)</i> : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): (b)(6),(b)(7)(C) Border Patrol Agent

Mailing Address: Customs and Border Patrol, McAllen, Texas
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): Jesus Elizoido, supervisor of Claudia Garcia

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____

☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish _____

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is:

(b)(6)

My assigned Alien number is:

I was detained by Border Patrol Agents at or near: Hidalgo, TX

I was detained by Border Patrol Agents on or about: May 5, 2014

My age at the time I was detained: 17 FINS #:

Event #:

(b)(6)

Border Patrol Agent:

(b)(6), (b)(7)(C)

Supervisor:

(b)(6), (b)(7)(C)

Location of Border Patrol Agent: McAllen, TX

I, (b)(6), declare and affirm that the following took place:

Immigration found me a little after I crossed to the United States. They treated me badly. They yelled. The lady that interviewed me, when I told her I was under eighteen she did not believe me. She told me that if I did not tell the truth they could put me in jail for five years. This scared me. Some of the officers were nice but others have a heavy character. I was in two hielera. It was in the first one where the lady threatened me. I have a son. And the Immigration people said that "lie" "You are not going to see your son for 3-5 years." I was in that first hielera for five days. Then they took me to another one for one night. I had to sleep on the floor and only feed twice a day. It was cold but they did not give us blankets.

After the second hielera they shackled us. on my hands, around my waist, and on my feet. I don't know why. I was not trying to run away. I was not trying to fight them or anything. I also did not try to harm them or anyone else. The shackles around my hands were a little tight but I did not tell them.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

Signature

5/14/14
Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

5/14/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a fourteen year old girl from El Salvador, received water four hours after being apprehended by border officials. She drank the water out of a cup that everyone shared, even though others drinking out of the same cup may have been ill. The water tasted like bleach. She received food twice a day; a frozen sandwich and what she describes as a foul smelling burrito with rotten beans. The burritos caused her to vomit each time, but no other food was provided.

(b)(6) found a worn, dirty and thin solar blanket in her cell that had belonged to another detainee. She used this to try and keep warm in the freezing *hielera*. She was unable to sleep because officials woke the minors frequently to take roll. The guards yelled at her and those in her *hielera* as they jingled handcuffs, threatening the detainees when they spoke to one another.

(b)(6) describes having felt overwhelmingly scared, unsafe and anxious during her time in detention—especially so because she and her younger brother, [REDACTED] were separated. The gold locket she carried with his picture and hers was taken away from her and never returned.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 4/11/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

04/17/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6)
First Last

Program Director
Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a twelve year old girl, was detained for three days in more than one detention center. The food provided was bad. (b)(6) was forced to sleep in very cold cells with other minors and adults. She could not sleep due to lights that were left on the entire night. In one of the detention facilities, she was not able to sleep due to the loud noises of babies crying, who were also detained. (b)(6) was not given any personal hygiene items, such as a toothbrush. The immigration officials yelled at (b)(6) to wake her up and did not permit her to use a phone to communicate with her parents or with a consulate.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/5/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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(b)(6)
Signature

5/5/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

Officials frequently kicked (b)(6) a fifteen year old boy, to wake him up when he tried to sleep. He was unable to sleep due to the physical abuse. He was frequently yelled at. He states he feels mistreated. He was separated from his uncle and nephew and not told why or where they would be sent.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/14

Name:

DOB:

(b)(6)

A#

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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(b)(6)

Signature

5/19/14

Date

ENTERED

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) a twelve year old boy, was in CBP custody for 8 days. In those 8 days, he was given water with chlorine and only one juice to drink. The food made his stomach hurt for two days. When he told an immigration official that his stomach hurt, the official screamed at him. He asked for a toothbrush and toothpaste but was not given any. The holding cell was very cold.

(b)(6) could not sleep at night because there was a lot of noise and the lights were kept on.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 05/15/2015

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

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IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

5/15/14
Date



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.

